

## Home Modification Assessment Tool

This is the first of three sections of an overview of the Home Modification Policy “Chapter 8.6 Homemod.” Section 1 defines a DRS Home Modification, and the remaining two sections cover documenting the need for a Home Modification, and procedures for completing a Home Modification. This is intended to give you the general guidelines for home modifications, and is not intended to replace or supersede the policy. Always refer to the policy for specific questions about and/or exceptions to these guidelines.

### Section 1. What is a DRS Home Modification?

DRS defines Home Modifications as architectural changes and/or permanent installation of equipment that are directly related to removing the impediment to employment. Primary Living Quarters means access to one bathroom, one sleeping area, and one eating area. If the consumer lives alone, primary living quarters may include the kitchen and laundry area. Primary Living Quarters do not include family rooms, basements, attics or other areas of the house not causing an impediment to employment.

Architectural changes may include, but are not limited to, the addition of ramps or lifts, widening of doorways, retrofitting a bathroom, or lowering a countertop. The installation of equipment such as telephones or air conditioner as a one-time expense may be provided, if they are directly related to removing the impediment to employment and the vocational goal. The consumer must be able to cover the continued financial cost of operating, maintaining, and repairing the equipment.

DRS sponsors Home Modifications as a service when access to Primary Living Quarters is directly related to the vocational goal, and no other more cost effective and reasonable method of removing the barrier to employment is available. Before considering a home modification, the counselor must document that there is no other more cost effective and reasonable way to remove the impediment to employment. Is it possible for the consumer to move to a more accessible home? Can they enter the home through the garage vs. the front door? Can the living room on the 1<sup>st</sup> floor become the consumer's bedroom? Can the consumer's spouse learn to do laundry? DRS funds are not to be used for a home modification because the consumer wishes to re-decorate.

DRS sponsorship of home modifications does not obligate the department to participate in the cost of subsequent modifications. If a consumer is returning for services because of a significant change in his or her disability, then it may be appropriate to re-evaluate the impediments to employment in the consumer's primary living quarters and authorize home modifications when needed. If a consumer chooses to move to a new home, DRS does not have an obligation to modify the new home. The consumer should consider the accessibility issues in their decision to move.

Continued

**Home Modification Assessment Tool****Section 2. Home Modification Assessment Tool**

**Important Information:** Respond to all questions. An incomplete assessment will not be accepted by your supervisor or regional director. Complete this needs assessment to determine the most appropriate method by which to meet the consumer's home modification needs. This assessment shall not be completed for VR cases in Application or Application-E or Delayed status.

**Part A – Consumer Contact Information**

1. Consumer Name \_\_\_\_\_ 2. Case No. \_\_\_\_\_
3. Mailing Address \_\_\_\_\_
4. Telephone \_\_\_\_\_ 5. E-mail \_\_\_\_\_ 6. Date \_\_\_\_\_

**Part B – Funding Source Information**

1. What is the consumer's vocational goal? \_\_\_\_\_
2. Does the consumer have a signed Individualized Plan for Employment (IPE?) Yes ☐ No ☐
3. If no to #2, does consumer have a Trial Work or Extended Evaluation Plan? Yes ☐ No ☐
4. Is the consumer currently employed? Yes ☐ No ☐

**Part C – Information About the Home to be Modified**

1. Property Address \_\_\_\_\_
2. Does the consumer own the home? Yes ☐ No ☐
3. If no to #2, who owns the home? \_\_\_\_\_
4. Can the consumer obtain written permission from owner to modify the home? Yes ☐ No ☐
5. Does a Homeowner's Association (HA) govern external home modifications? Yes ☐ No ☐
6. If yes, has the HA been contacted for guidelines governing modifications and/or procedures for obtaining permission to make external modifications? Yes ☐ No ☐
7. How long has the consumer lived at the home to be modified?
8. How long does the consumer plan to live at this residence (e.g., will he/she move when finished with an educational program, when his/her military spouse is transferred, etc.)?
9. Is relocation to a more accessible home possible? Yes ☐ No ☐
10. If no to #9, please state the reasons \_\_\_\_\_
11. Describe the home and its primary living quarters – bedrooms, bathrooms, kitchen, laundry and entrance (**Example:** 2-story colonial with finished basement built in 1973. 3 full baths, one on each floor. All bedrooms on 2<sup>nd</sup> floor, kitchen on the 1<sup>st</sup> floor and laundry in the basement. 6 steps to large front porch.)
12. Have previous accessibility home modifications been done at this property? Yes ☐ No ☐
13. If yes to #12, please describe the modification including when it was done and by whom? (**Example:** My church sponsored my ramp in 1994. A local contractor built it.)

**Home Modification Assessment Tool****Part D – Consumer Information**

1. Consumer's Age \_\_\_\_\_ 2. Disability \_\_\_\_\_
3. Consumer's Strengths and Limitations \_\_\_\_\_
4. Is consumer currently receiving PT or OT? Yes ☐ No ☐
5. If yes to #4, Provider's contact information \_\_\_\_\_
6. Has an OT evaluation been completed? If so, please submit a copy Yes ☐ No ☐
7. Is consumer's medical condition stable? Yes ☐ No ☐
8. If no to #7, describe prognosis \_\_\_\_\_
9. Describe how the consumer currently accomplishes the following activities:
  - a. Eating/Preparing Food \_\_\_\_\_
  - b. Sleeping \_\_\_\_\_
  - c. Personal hygiene \_\_\_\_\_
  - d. Dress and appearance \_\_\_\_\_
  - e. Entering/Exiting the home \_\_\_\_\_
  - f. Communicating with external contacts (e.g., doctors, employers, transportation providers, 911, etc.) \_\_\_\_\_
10. Describe the objective of the home modification. (**Examples:** *Rely less on caregiver, preparing for work faster, not living in an institutional setting, etc.*) \_\_\_\_\_

**Part E – Required Approvals for Home Modification**

Counselor Name \_\_\_\_\_ Caseload \_\_\_\_\_

Date of Counselor's approval \_\_\_\_\_

*If amount exceeds counselor authority, e-mail this form and send bids and any OT evaluation to supervisor.***Approval by Field Supervisor**Yes ☐ No ☐**If "Yes", the Supervisor** has reviewed the home modifications described in the Scope of Work specifications in addition to the required price quotes from vendors and approves DRS sponsorship of these modifications.**If "No",** note reasons for not approving the recommended option and specify the approved alternative:

\_\_\_\_\_

Supervisor Name \_\_\_\_\_ Date \_\_\_\_\_

*If amount exceeds supervisor authority, e-mail this form and send bids and any OT evaluation to regional director.***Approval by Regional Director**Yes ☐ No ☐**If "Yes" Regional Director** has reviewed the home modifications described in the Scope of Work specifications in addition to the required price quotes from vendors and approves DRS sponsorship of these modifications.**If "No",** note reasons for not approving the recommended option and specify the approved alternative:

\_\_\_\_\_

Regional Director Name \_\_\_\_\_ Date \_\_\_\_\_

*If amount exceeds regional director authority, e-mail this form and send bids and any OT evaluation to appropriate level of management for approval.*

**Home Modification Assessment Tool****Section 3. Procedures for Completing a DRS Sponsored Home Modification**

1. The counselor and consumer discuss daily routines, supports, goals, motivation, safety, functional level, and independence in context of the vocational goal and DRS sponsored home modifications. Together the counselor and consumer complete the Home Modification Assessment Form.
2. If, after completing the Home Modification Assessment Form, the counselor believes home modification could be an appropriate service, the counselor sends the completed assessment form and a referral to the rehab engineer.
3. The rehab engineer coordinates a site visit with the consumer and the counselor to review and discuss the Home Modification Assessment Form. The rehab engineer may take measurements and pictures of the home. **NOTE: There must be at least one (1) site visit by the VR counselor prior to completion of the IPE.**
4. The rehab engineer generates a report describing impediments to employment, viable enhancements and recommended solutions. This report may contain drawings, photos or product information.
5. The counselor reviews the report with the rehab engineer and determines the most cost-effective option. The counselor discusses the findings with the consumer, and consumer feedback is addressed. The counselor reaffirms the consumer's commitment to the rehab process.
6. The rehab engineer produces a detailed Scope of Work for review by the client (and homeowner if not the same). The client (and homeowner) indicates their acceptance of the recommendations by signing both the scope of work and the Homeowner Agreement. **Note: A signed homeowner agreement does not obligate DRS to implement the project: it only allows the process to continue.**
7. The rehab engineer disseminates a Bid Solicitation Package among area contractors. This package contains the Scope of Work, photos and/or sketches, contractor and contact information. The rehab engineer collects and reviews the proposals for bids and recommends a contractor.
8. The counselor obtains the required administrative approval, notifies the selected contractor, and confirms and/or establishes the contractor's vendor status. The counselor provides contractor schedule information to the consumer (and homeowner). The rehab engineer notifies the contractors not selected.
9. The counselor attends the contractor's "homeowner orientation" with the consumer (and homeowner). At the conclusion of this orientation, contracts should be signed and the contractor, counselor and consumer should understand what is going to be done, when it is going to be done, who is paying for what, and who to contact if there are any questions. (The counselor may ask the rehab engineer to attend this meeting.)
10. The rehab engineer provides periodic inspections as warranted. The contractor contacts the rehab engineer upon completion and a final inspection is completed. If the work fails, the rehab engineer provides directions and a time frame to implement corrections. When the work passes inspection, the rehab engineer asks the contractor to submit an invoice and copies of local building code permits with signatures to the counselor. The rehab engineer notifies the counselor that the work has passed final inspection.
11. Upon notification by the rehab engineer and receipt of the contractor's documents, the counselor requests final payment. Failure to authorize and pay in a timely manner makes it difficult to keep contractors available and willing to work with us. It also conflicts with the state's "Prompt Payment" objective.
12. The rehab engineer documents consumer satisfaction, effectiveness of the modification, and quality of the contractor.